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APPLICANTS

Thomas C. Anthony, Sunnyvale, CA;

Frederick A. Perner, Palo Alto, CA;
Heon Lee, Pohang-Si, KOREA, REPUBLIC OF;** CONTINUING DATA *HT*** FOREIGN APPLICATIONS *HT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/14/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 2	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Initials			
Verified and Acknowledged Examiner's Signature					

ADDRESS

HEWLETT-PACKARD COMPANY
 Intellectual Property Administration
 P.O. Box 272400
 Fort Collins, CO
 80527-2400

TITLE

Magnetic memory device

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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